

Approx. # of Employees_____

MSHA ID# (if applicable)_____

Supervisor's Name_____

Title_____

Your job title_____

Present job duties_____

Years As Blaster or Driller_____

Are you a licensed blaster in any state
at this time?_____

If yes, give state_____

License Number_____

Date of Expiration_____

Signature_____

Office Use Only:

Date Received:_____

Date Confirmed:_____

FEES

\$50.00 for initial training course with card
\$25.00 for refresher courses
(Both fees are non-refundable)

Make check payable to:
Arkansas Department of Labor

Mail check and registration form to:
Arkansas Department of Labor
616 Garrison Avenue, Room 205
Fort Smith, Arkansas 72901
(501) 783-2103

ARKANSAS DEPARTMENT OF LABOR
616 Garrison Avenue, Room 205
Fort Smith, Arkansas 72901

Bulk Rate
U.S. Postage
PAID
Little Rock, AR 72202
Permit No. 2933

Blasting Training

2001



Sponsored by
Arkansas Department of Labor

BLASTING TRAINING

Arkansas Department of Labor Safety Code No. 13-Blasting Regulations—provides for the safety training of all individuals performing blasting in the state of Arkansas. These regulations became effective on February 1, 1993.

In order to attend an initial blasting training class (i.e., 20 hour or 40 hour) an individual must meet these qualifications:

- * Is 21 years of age or older.
- * Is a high school graduate or its equivalent (GED).
- * Has two years experience in blasting or drilling operations under the direct supervision of someone qualified and certified to perform blasting in Arkansas; OR has two years experience supervising blasting operations in a state other than Arkansas; OR has an engineering degree. Except for an individual with an engineering degree, anyone else with less than two years experience in blasting or drilling is considered a "trainee". A trainee is not allowed to attend an initial blasting training class until he/she has obtained two years experience. A trainee should contact the Arkansas Department of Labor for a trainee application. No fee is required for the trainee certificate.

Twenty hours of training is for individuals who use 500 pounds or less of explosives at any one given time. (This will include most individuals performing blasting as a part of construction.)

Forty hours of training is for individuals who use 501 pounds or more of explosives at any one given time. (This will include most individuals performing blasting as a part of mining operations.)

Eight hours of training is for individuals who attended a previous 8, 16, 20, or 40 hour course.

The facilities where the courses will be held are accessible for the disabled; however, please advise in advance whether any attendee will require accommodation, i.e., interpreters, etc.

Classes will commence at 8:30 a.m. each day. Class size is limited to 25 participants; therefore participants will be accepted on a first response basis by returning the registration form with the appropriate fees (\$50 for initial training course with card; \$25 for refresher training with card. All fees are non-refundable.) Upon receipt, the Department will review the application verifying minimum qualifications or exceptions. Attendees will then be sent a confirmation

notice. **THE DEADLINE FOR REGISTRATION IS TWO WEEKS PRIOR TO EACH CLASS. PREREGISTRATION IS REQUIRED.**

Participants for the 20 and 40 hour courses are asked to bring to class a pen, note pad, and calculator with square root function key.

For the 8 hour course, participants are asked to bring a pen, notepad, calculator with square root function key, and the manual that each received in the original 20 or 40 hour class.

2001 SCHEDULE OF CLASSES

40 HOUR CLASS

Jan 22-26	Little Rock Arkansas Department of Labor 10421 West Markham
Jan 29—Feb 2	Fort Smith Arkansas Department of Labor 616 Garrison Avenue, #205

20 HOUR CLASS

Mar 19-22	Fort Smith
Apr 3-5	Little Rock
Aug 6-8	Fort Smith
Nov. 6-8	Little Rock

8 HOUR REFRESHER CLASS*

Feb 13	Little Rock
Mar 13	Fort Smith
Apr 17	Little Rock
May 7	Fort Smith
July 10	Little Rock
July 16	Fort Smith
Oct 2	Little Rock
Oct 8	Fort Smith

* ***Please coordinate your renewal date with the nearest refresher class date.***

Please detach and mail form only

REGISTRATION FORM

(May be duplicated)

PLEASE COMPLETE IN FULL

Type of Course: _____
(8, 20, or 40 Hour)

Course Dates: _____
(First Choice)

(Second Choice)

Name _____

Address _____

City _____

State _____ Zip _____

County _____

Phone _____

Date of Birth _____ / _____ / _____

Place of Birth _____

City _____ State _____
Height _____ ft. _____ in.

Weight _____ lbs. Hair Color _____

High School Graduate/Equivalent _____

Employer Name _____

Address _____

City _____

State _____ Zip _____

County _____

Phone _____

Fax _____

(Continued on other side)